

**David L. Heilman**  
409 Pine Glen Lane, Unit C2  
Greenacres, Florida 33463  
561-439-7824

**RECEIVED**  
**CENTRAL FAX CENTER**  
**DEC 03 2004**

December 3, 2004

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

TO: Jeffrey R. Snay  
Primary Examiner Art Unit 1743  
Fax: 703-872-9306

RE: Application of David L. Heilman  
Serial No. 10/071,413  
Filed 02/08/02  
Art Unit: 1743  
Docket No.: N923  
Title: Means and Methods of Preserving Legal Rights by Obtaining Independent  
DUI Test

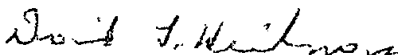
Dear Mr. Snay:

Please be advised that I will be representing myself in all matters to the Patent Office and I have revoked all powers of attorney previously given to Patent Attorney Norman Friedland, 2855 PGA Boulevard, Palm Beach Gardens, FL 33410.

I have enclosed a revocation of power of attorney and I am requesting an extension of time under 37 CFR 1.136(a) for one (1) month under 37 CFR 1.17(a)(1). I understand that the Small Entity Fee is \$55.00 of which you may apply to my Mastercard account 5409 7950 0018 8145, expires: 08/07. I am faxing this letter with documents to your office as I note that the thirty (30) days may run from November 4, 2004.

Thank you for any cooperation that you and the Patent Office can give to an applicant, not an attorney.

Sincerely,



David L. Heilman

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	1 6 0 7 1 4 1 3
	Filing Date	2 / 8 / 0 2
	First Named Inventor	D. J. D. L. NEWMAN
	Art Unit	1 7 4 3
	Examiner Name	J. CLAYTON SMAY
	Attorney Docket Number	N-923

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

[Empty box for Customer Number]

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

DAVID L. NEWMAN  
409 PINE CROWN LN  
GREENWICH, GA 33463

RECEIVED  
CENTRAL FAX CENTER  
DEC 03 2004

OR

<input checked="" type="checkbox"/> Firm or Individual Name	DAVID L. NEWMAN		
Address	409 PINE CROWN LN. UNIT C-2		
City	GREENWICH	State	GA
Country	USA		
Telephone	561-439-7824	Fax	561-592-0126

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	[Handwritten Signature]		
Name	DAVID L. NEWMAN		
Date	12-3-04	Telephone	1-561-439-7824

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.